



BADGE REQUEST FORM

GSD - Security Management Division

611 Walker, Houston, TX 77002, 3rd Floor (3A), (832) 393-8471

Please scan and email a completed form to: BadgingOffice@houstontx.gov

Badging Office Hours: Monday 8:30am - 12pm, Tuesday - Thursday 8:30 am - 12:00pm & 1:00 pm - 4:00 pm

OFFICE CLOSED ON FRIDAYS

CONFIDENTIAL: (The information provided is for Security use only & must be completed by the individual being photographed for the City ID/Security Access Badge)

Circle the type of badge you are requesting:

New Employee **Replacement** **Lost/ Stolen** **Media** **Contract Employee** **Temporary/ Intern**

Application Date: _____ **Employee#** _____ **Encode#** _____ **Employment Type** _____

Section 1: Employee Information Section: (You must present a valid government issued document/ID & list your legal name as it is stated on the presented document/ID)

Last Name: _____ **First Name or Initial:** _____ **MI:** _____

Date of Birth: _____ **Race:** _____ **Sex:** _____ **Hair:** _____

Texas Driver's License # _____ **Height:** _____ **Weight:** _____ **Eyes:** _____

Home Address: _____ **City:** _____ **Zip Code:** _____

Home Phone # _____ **Work phone #** _____

Emergency Contact Name: _____ **Emergency Contact Phone #** _____ **Relation:** _____

Section 2: Employment and Classification Section:

Date of Employment: _____ **Department:** _____ **Division:** _____

Job Classification: _____ **Tier Designation:** _____ **Job Location:** _____

Section 3: Internal Use Only

State License #		Issued Date:		Expiration Date:		CJIS#	
------------------------	--	---------------------	--	-------------------------	--	--------------	--

MOU (Y/N)		I-9 (Y/N)		Background Check (Y/N)		Lost Badge Report #:	
------------------	--	------------------	--	-------------------------------	--	-----------------------------	--

Employee Signature: _____ **Date:** _____

Approving Authority (Division Manager or above): In accordance with EO 1-37, each Department shall be responsible for promptly returning surrendered badges to the Badging Office and be responsible for notifying the Badging Office of an employee's separation from the City.

Print Approving Authority Name: _____ **Title:** _____ **Employee I.D.** _____

Approving Authority Signature: _____ **Date:** _____ **Phone #** _____